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SIPDIS

INFO AMEMBASSY GENEVA
AMEMBASSY NAIROBI
AMEMBASSY ROME
AMEMBASSY DAKAR

USAID/DCHA/OFDA MMARX, SKHANDAGLE, CPRATT

ANTANANARIVO FOR YMALCION; GABORONE FOR TPIERCE; HARARE
FOR CBUZZARD; LILONGWE FOR KWIYO; LUANDA FOR ADWYER;
LUSAKA FOR WPENYAR; MASERU FOR JDORNBURG, KALBRECHT;
MBABANE FOR SDORSEY; MAPUTO FOR SPOLAND, SBLISS; WINDHOEK
FOR TDOOLEY-JONES; GENEVA FOR KYLOH; DAKAR FOR OFDA/WARO;
NAIROBI FOR OFDA/ECARO; ROME FOR FODAG

E.O. 12958: N/A

TAGS: [OTRA](#) [SF](#)

SUBJECT: UNAIDS/UNOCHA Consultation on HIV/AIDS and
Humanitarian Response in Africa 6-8 October 2004

Summary

1. The worldwide increase of natural disasters and complex emergencies, complicated by rising cases of HIV/AIDS continue to disproportionately affect sub-Saharan Africa. Correspondingly, there is a growing recognition that humanitarian action must respond to this dual challenge. UNAIDS and OCHA regional offices in Johannesburg organised a regional technical consultation on "HIV/AIDS and Humanitarian Response in Africa: Putting Theory into Practice" from 6-8 October 2004 in Johannesburg, South Africa. Over sixty people attended representing U.N agencies, NGOs, donors and others. USAID/OFDA and USAID's Regional HIV/AIDS Program (RHAP) staff attended to learn how OFDA could respond to HIV/AIDS in emergencies via all sectors. After the consultation, OFDA staff travelled to Lesotho to visit agricultural projects that have HIV/AIDS components.

Background

2. Earlier this year, the U.N. Inter-Agency Standing Committee's (IASC) published the "Guidelines for HIV/AIDS Intervention in Emergencies Settings" to help individuals and organizations in their efforts to address the special needs of HIV-infected and HIV-affected people living in emergency situations. The guidelines include activities that should be accomplished in ten different sectors and in three phases of an emergency: emergency preparedness; minimum response (to be conducted in the acute phase); and comprehensive response (conducted in the post-acute phase).

3. In order to ensure effective implementation of the Guidelines, the regional offices of UNAIDS and OCHA in Johannesburg performed an HIV/AIDS mapping assessment in southern Africa based on the IASC guidelines and circulated the results to UN Country teams in the sub-region. The aim was to: 1) raise awareness around HIV/AIDS and humanitarian response; and 2) initiate an in-country process of mapping existing HIV/AIDS related interventions within humanitarian planning and programming. Similar mapping exercises are planned for West and East Africa.

4. Equipped with both leadership and practical tools, the next step was to sponsor a regional forum with the following objectives: 1) to share and compile country and sub regional experiences on policies, practices and lessons learned; 2) to examine key technical issues around the implementation of HIV/AIDS interventions in humanitarian planning and programming; and 3) to propose the establishment of an interagency regional/sub-regional network to mobilize, support and coordinate technical and financial support. This technical consultation took place in October and over sixty people attended representing U.N agencies, NGOs, donors and others. "HIV/AIDS and Humanitarian Response in Africa: Putting Theory into Practice"

5. The consultation consisted of presentations and discussions ranging from HIV/AIDS policy considerations in humanitarian response, HIV/AIDS in humanitarian planning, HIV/AIDS interventions in

humanitarian programming, the role of sub-regional and regional coordination, and the identification of a mechanism to implement the actions identified.

16. Discussions were held on numerous issues but definitive answers were not always agreed upon. The issue of low vs. high prevalence rates was raised and whether the interventions should vary. For example, HIV/AIDS in southern Africa is considered by some to be "the" emergency. Most of the countries in the region have HIV prevalence rates of over 20%; and with HIV/AIDS further diminishing people's coping strategies, the effect has erased many of the developmental gains made over the last 30 years. Participants also noted that there were different definitions of low and high prevalence being used by various donor and UN agencies, and that IASC Guidelines did not differentiate or prioritize based on prevalence rates. Concerns were also expressed over the effectiveness of separating development and humanitarian agendas to respond to HIV/AIDS given the limited response through the Consolidated Appeal Process (CAP) for such activities. One issue that did have an answer was the relationship between conflict and the increase in HIV infections. The common assumption was that this was true. However, Paul Spiegel, an epidemiologist at UNHCR has found that the data does not always support this assumption. This issue highlighted the need for common indicators and methodologies when collecting and analyzing data.

Consultation Conclusions and Outcomes

17. A process for information sharing on HIV/AIDS and emergencies including tools, best practices, etc will be explored through IRIN/Plus News. The IASC Task Force on HIV/AIDS and Emergencies is encouraged to continue its work and explore recommendations with regards to preparedness planning and assessments. It was widely believed that the IASC Task Force on HIV/AIDS and Emergencies should be merged with the IASC Task Force on Gender Based Violence and information sharing with affected countries be strengthened.

18. Mobilizing resources can be accomplished by creating a forum for donors to share policies and approaches that will attempt to ensure harmonization on funding eligibility for HIV/AIDS interventions in emergencies.

19. In conclusion, the meeting highlighted the critical need to engage leadership within governments and relevant organizations including the UN and NGOs to address HIV/AIDS in emergency settings and to refocus humanitarian response in view of the spread and impact of HIV/AIDS. Participants acknowledged the large amounts of money being spent for HIV/AIDS by the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund for AIDS, TB, and Malaria (GFATM) and World Bank Multi-Country HIV/AIDS Program (MAP), as well as the need to get them involved in HIV/AIDS in humanitarian response.

FRAZER